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CONFIRMATION NO. 8867

<b>SERIAL NUMBER</b> 10/527,727	<b>FILING OR 371(c) DATE</b> 09/26/2005 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1615	<b>ATTORNEY DOCKET NO.</b> 3968.150
<b>APPLICANTS</b> Jochen Wonschik, Brevoerde, GERMANY; Arnold Machinek, Holzminden, GERMANY; Carsten Koschorreck, Holzminden, GERMANY;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP04/01490 02/17/2004				
<b>** FOREIGN APPLICATIONS *****</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after <input type="checkbox"/>		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 20
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>		<b>INDEPENDENT CLAIMS</b> 2		
<b>ADDRESS</b> 30448				
<b>TITLE</b> Coated sherial seamless filled capsules				
<b>FILING FEE RECEIVED</b> 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	